



Do Not Write or Staple In This  
Space.  
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## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01038611

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$762,500.00  
Discount Amt Taken: \$0.00  
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1		0		TPCN-12.1	TPCN-12.1 (529-10-0013-00001E)	\$762,500.00
<u>ShipTo ID</u>		<u>Non-HHSAS Cntrct ID</u>				
E893		529-10-0013-00001				
<u>Contract #</u>		<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>	Invoice DT: 08/28/15    Req'd Pay DT: 10/01/15 Inv Rec'd DT: 08/28/15    Pay Due DT: 10/01/15 Service DT: 09/01/15    P O DT:
		N				
1.1	<u>Account</u>	<u>Entrv Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u> <u>Budget Ref</u> <u>Pri/Grant</u> <u>Amount</u>
	725300		0001	716	5016	03138    2016    TANF100F    \$762,500.00
Open Item Key:					Conf:N	Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: SEP 2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 24 2015

09/23/2015

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Wagner, Cathy J (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

RECEIVED

Health & Human Services  
Commission

STATE OF TEXAS

SEP 22 2015

## PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

HHSC ACCOUNTING

Page 1 of 1

1. Agency number <b>529</b>		3. Agency name <b>Health &amp; Human Services Commission</b>		4. Current document number <b>103 8611</b>	
9. Texas Identification number <b>1760802397 8-000</b>		10. PDT <b>CG</b>		12. Purchase Order number <b>7253</b>	
14. Payee name / address <b>Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746</b>		15. Agency use <b>17. AGENCY USE</b>		13. Document amount <b>\$762,500.00</b>	
18. SFX <b>001</b>		FY <b>2016</b>		Amount <b>\$ 762,500.00</b>	
DeptID/Speedchart <b>716</b>		Invoice date <b>8/28/2015</b>		Invoice number / Account Number <b>TPCN-12.1</b>	
Requested Payment Date <b>5 DAY PAY</b>		Interest Control		Reason Code	
18. SFX <b>001</b>		FY <b>2016</b>		Amount <b>\$ 762,500.00</b>	
DeptID/Speedchart		Invoice date		Invoice number / Account Number	
Requested Payment Date		Interest Control		Reason Code	
18. SFX <b>001</b>		FY <b>2016</b>		Amount <b>\$ 762,500.00</b>	
DeptID/Speedchart		Invoice date		Invoice number / Account Number	
Requested Payment Date		Interest Control		Reason Code	
19. SERVICE / DEL DATE <b>September 2015</b>		20. DESCRIPTION OF GOODS OR SERVICES <b>Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E.  Contract 529-10-0013-00001E. September 1, 2015 - February 29, 2016.</b>		21. QUANTITY <b>1</b>	
22. UNIT PRICE <b>\$ 762,500.00</b>		23. AMOUNT <b>\$ 762,500.00</b>			
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by	
Vendor Contact Name		Phone (Area code and number)			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE <i>Beth Zahn</i>		Printed Name <b>Beth Zahn</b>		Phone (Area code and number) <b>512-206-5111</b>	
Agency Approver SIGN HERE <i>Marilyn Eaton</i>		Printed Name <b>Marilyn Eaton</b>		Phone (Area code and number) <b>512-206-5187</b>	
				Date <b>21-Sep-15</b>	
				Date <b>9/21/2015</b>	

Form 4116 02/2015

Ev 9/23/15



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Beth Zahn  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No. 76-0802397**

Amounts due may be remitted  
by Electronic Funds

**To: Business Bank of Texas, N.A.**

1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No. 114925615****Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number: TPCN-12.1**

**Invoice Date: August 28, 2015**

**Due Date: September 30, 2015**

**For Professional Services Rendered:****RE:**

**Contract Number: 529-10-0013-00001E**

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.1:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date: September 30, 2015**

**\$762,500.00**

**Amount Due**

**\$762,500.00**

1101 S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746  
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG